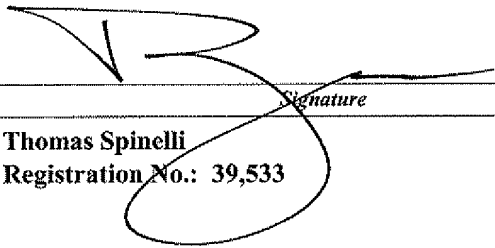


AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. 17558	
Applicant(s): Seiji Kondo					
Application No. 10/808,832	Filing Date March 25, 2004	Examiner Poonsin Phongsvirajati	Customer No. 23389	Group Art Unit 4176	Confirmation No. 6696
Invention: DISTRIBUTION METHOD OF MEDICAL INFORMATION					
COMMISSIONER FOR PATENTS:					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	14 -	20 =	0	x \$52.00	\$0.00
INDEP. CLAIMS	3 -	3 =	0	x \$220.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 191013 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.					
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
 _____ <i>Signature</i> Thomas Spinelli Registration No.: 39,533			Dated: November 5, 2008		
CC:			I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ _____ <i>(Date)</i> _____ <i>Signature of Person Mailing Correspondence</i> _____ <i>Typed or Printed Name of Person Mailing Correspondence</i>		